



COMMONLY ASKED QUESTIONS

Q: I didn't enroll in Spectera when it was first offered. Will there be another enrollment period without evidence of insurability?

A: Yes, every year you can enroll during the open enrollment period held in the fall.

Q: Can I cancel my vision coverage at anytime?

A: No, you will need to remain during the course of the year. You can cancel by providing notice in the fall prior to the upcoming plan year.

Q: What happens if I transfer to a different State agency? Am I eligible to continue the coverage?

A: You are eligible to continue if the new agency offers the vision plan to their employees.

Q: If I terminate my employment with the State is a continuation/conversion option available?

A: Yes, you will be offered the COBRA continuation rights.

Q: What are the steps for receiving this benefit?

- A:
1. Locate a Network Provider
 2. Call to schedule an appointment
 3. Notify Network Provider that you have Spectera
 4. Receive your eye care services
 5. Pay copay to Network Provider

Q: Who can I call if I have questions or concerns about my Spectera vision coverage?

A: Questions concerning your Vision Care Plan should be directed to Spectera's Customer Service Center at 1-800-638-3120 between the hours of 7:30AM to 7:00PM CT Monday through Friday and Saturday from 8:00AM to 4:00PM CT.

Q: How can I locate a provider?

A: You have two easy options:

- Call Spectera's Interactive Voice Response (IVR) system – 24-hour toll-free provider locator at 1-800-839-3242 and select the English or Spanish option. Then select Option 1 "Open Enrollment." Enter the ZIP code of your choice and several providers will be listed.
- Visit Spectera's Web site at www.spectera.com, and select "Future Member." Then, simply enter the desired ZIP code to view Spectera's directory.

Q: How do I receive benefits if I choose to see an out-of-network provider?

A: You should pay your bill in-full for the services you receive. Simply submit an itemized copy (including cost of the exam, lens type and frame) of the receipt to Spectera. Be sure to include the member's Social Security number and patient's date of birth when submitting the receipt for reimbursement.

You will be reimbursed according to the plan's maximum schedule of allowances.

Please forward this information to the following address:



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Spectera Claims Department
P.O. Box 26618
Baltimore, MD 21207-6618
Attn: Accounts Receivable

Q: Will I receive an ID card or claim form from Spectera at a network provider?

A: No. ID cards or Claim Forms are not necessary. Simply make an appointment with a Network Provider and let them know that you're a member of Spectera.

Q: What if I want contacts instead of eyeglasses?

A: You may receive contact lenses in lieu of eyeglasses. Spectera covers a wide selection of contact lenses covering over 50 styles of soft lenses and over 25 styles of disposable lenses (up to 4 boxes annually, depending on prescription). When selecting contact lenses, ask the Spectera provider which contacts are covered-in-full under the Spectera vision benefit. The materials copay applies to the covered contacts.

If you select contact lenses from outside the covered selection, there will be a \$105.00 contact lens allowance applied towards the fitting/evaluation fee and purchase of the non-covered contacts. The materials copay **does not** apply to the non-covered contacts.

Q: Can I see one doctor for my examination and have my materials made by another doctor?

A: Yes. If you see two participating doctors, be sure to tell both doctors' offices that you are covered by Spectera's vision plan so that each doctor can verify your eligibility. Please also check with the doctor's office that will be dispensing the materials to be sure that he or she will fill another doctor's prescription.

Q: Can I apply through evidence of insurability if I miss the open enrollment period?

A: No. However, newly hired employees may enroll within 30 days of their date of hire. In addition, participating employees who have a qualifying change in status (i.e. marriage, birth of baby, loss of dependent) may make a corresponding change to their coverage within 30 days of the change in status event.